

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

02-08-2006 90011 050 ***150.00

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1. Entity Name

MIKE RESTAURANT EQUIPMENT REPAIR, INC.



Principal Place of Business

7812 MERIDIAN STREET
MIRAMAR, FL 33023

3851 Newport Ave
Boynton Beach, FL 33436

Mailing Address

7812 MERIDIAN STREET
MIRAMAR, FL 33023

3851 Newport Ave
Boynton Beach
FL 33436



DO NOT WRITE IN THIS SPACE

01212006

No Chg-P

CR2E034 (11/05)

4. FEI Number
03-0527645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, MICHAEL
7812 MERIDIAN STREET
MIRAMAR, FL 33023

3851 Newport Ave
Boynton Beach, FL 33436

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME WATKINS, MICHAEL
STREET ADDRESS 7812 MERIDIAN STREET
CITY-ST-ZIP MIRAMAR, FL 33023
3851 Newport Ave
Boynton Bch, FL 33436

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-06

Date

Daytime Phone #